

TOWN OF WARREN, MA

PERC TEST APPLICATION

1-2009

PERC TEST NUMBER-_____

DATE:_____ REQUESTED DATE FOR PERC TEST:_____

LOCATION OF PERC TEST: _____ LOT#: _____

OWNER: _____

Print

Signature

OWNER ADDRESS: _____ PHONE# _____

ENGINEER: _____ PHONE# _____

CONTRACTOR: _____ PHONE# _____

BOH MEMBER WHO WITNESSED: _____ PAYROLL: _____

PASSED: _____ FAILED: _____

Perc test dates: March-December if ground is not frozen

Up to two holes	\$200.00
Additional holes	\$70.00 per hole
Plan Review	\$100.00
Final Inspection	\$100.00
Disposal Works Permit	\$50.00
Re-Inspection	\$50.00

In the event of a cancellation, applicant must notify the Board of Health a minimum of 24 hrs prior to the testing time. Weather conditions will be considered with last minute cancellations. **NO CALL, NO SHOWS WILL BE CONSIDERED A FORFEITURE OF FEES. Please make checks payable to Town of Warren.**